**POLICY NAME HERE**

EXECUTIVE POLICY #: YYYY-###-XX

Effective Date: **AUGUST 1, 2014**

**Revision History**

If applicable, enter text here

|  |  |  |
| --- | --- | --- |
| Effective Date | Revision # | Revision Summary |
| August 1, 2014 | 0 | Original Policy Issuance |

**Purpose**

Required - Enter text here

**Scope**

Required - Enter text here

**Definitions**

If applicable – Enter text here

**References**

If applicable – Enter text here

**Policy Statement(s)**

Required – Enter text here

*Authorized by:*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*on*:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Dr. John J Wernert, Secretary Date